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FORM 3		Authorized Col		A:Sicis	INT.	ce Use Only	
1. NAME OF COMMITTEE (in	TYPE OR PRI	NT ▼ E	xampl ệ[[[f][typij]g ,] over the lines.				
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2. FEC IDENTIFIC	CATION NUMBER •	CITY ▲		STA	TE A	ZIP CODE	
C (6 O)	02592	3. IS THIS	NEW	П	AMENDED	STATE ▼ [DISTRICT
		REPORT	L/A (N)	OR L	(A)	WA	05
(a) Quarterly R April 15 July 15 Octobe January	PORT (Choose One) eports: Guarterly Report (Q1) Quarterly Report (Q2) r 15 Quarterly Report (Q3) r 31 Year-End Report (YE)	Election o	ST-Election Repor	C) [General (12G) Special (12S) Y Y Y Runoff (30R)	in the State of	ff (12R)
5. Covering Period 0円 8円 200千 through 0.6 30 200千							
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name of Treasurer HEATHER S. FOLEY							
Signature of Treasurer Carles J. Foley Date 0.7 1.5 2.6.0.7							
	false, erroneous, or incom	plete information ma	y subject the perso	n signing this	Report to the p	penalties of 2 U.S.C	. §437g.
Office Use Only						FEC FORM (Revised 02/2003)	-